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THE ROCHESTER MEETING.

Have you forgotten or, perchance, not even heard that the 1915 meeting of the American Public Health Association is to be held at Rochester, New York, September seventh to tenth? It is no platitude in this case to say, *"Everything indicates that this will be the biggest meeting in the history of the Association."* This time *"There's a reason."* The New York State Department of Health has called the Annual Conference of Empire State Health Officers at the same time and place and has arranged with Governor Whitman to be present and address the meeting.

New York State has some 1,400 cities, towns and villages with separate health officers. Last year about 800 of them attended the conference at Saratoga and this attendance was in no wise extraordinary or attributable to any unusual cause. With the added attraction of meeting with the Ameri-

can Public Health Association there will be many more than 800 of them at Rochester in September.

Because you will have the chance to meet near a thousand health officers and many laboratory workers, statisticians, sanitary engineers, social workers, industrial hygienists and others, you should make a special effort to come to the meeting this fall, but this is not the only reason. The program that is being arranged is based on both attractiveness and utility and will be sure to appeal to you.

The question involved in the increasing death-rates from the so-called "wear and tear diseases" of middle and later life must soon receive more general attention on the part of health workers. One of the sessions of the General Association will be devoted to the discussion of this topic. The health workers of the country must extend their efforts in this neglected field and must begin preaching with greater emphasis the need for personal hygiene and the health duties that the individual owes to himself. Of the comparatively few men who have thus far demonstrated their recognition of this important problem and their capacity to discuss it, a number of the leaders will be present at Rochester.

Health workers must be primarily educators and secondarily policemen. *Public health education must come first.* One session of the General Association will consist of a symposium on the educational features of public health work. There will be papers by some of the men who have shown themselves most apt in acquiring the successful technique required in this highly important department of public health work. To attain the maximum of usefulness, the health worker must be able to handle publicity and educational work.

Another of the general sessions will be devoted to the "Milk Question" and will be a joint session of the Association with the Laboratory Section. The responsibility of public health authorities for the protection of the milk supply from infection is one of the things which must be emphasized more than has been the case in the past.

The President's Address, by W. T. Sedgwick, Professor of Biology and Public Health at the Massachusetts Institute of Technology, will be worth hearing. Professor Sedgwick is one of the pioneers in public health work and has been training health officers for many years. His message will be an important one.

The chairmen of the program committees of the various sections all report progress and are optimistic that there will be no falling off in the standards of the programs of previous years.

Then there is the important question of the proposed revision of the Constitution and By-Laws of the Association. This is a matter of the greatest significance to the Association and furnishes an added reason why the attendance should be unusually large.

The local committee, headed by Dr. Montgomery E. Leary, President of the New York State Sanitary Officers Association and the committees of the flourishing Rochester Public Health Association and other interested citizens are giving time, money and thought without stint to the work of making your visit to Rochester a pleasant as well as a profitable occasion to you. It is hoped that you will repay their efforts by a large attendance.

The entertainment program will be of the highest order. Special attention is to be paid to the visiting ladies.

A preliminary announcement will be sent you in the course of a few weeks. This will give you the main facts with regard to the hotels, entertainments, places of meeting and program. Be on the lookout for this. Meanwhile make a note in your diary that you are going to be in Rochester, New York, September seventh to tenth.

THE HARRISON ANTI-NARCOTIC ACT.

It is daily becoming better known that opium, its derivatives and cocaine are being used in alarming amounts all over this country. Various factors, such as the careless prescribing of these drugs by physicians, the spread of habit from person to person, the cupidity of druggists and patent medicine manufacturers, and vice and dissipation are responsible for the existing conditions.

It was the hope of those familiar with this vicious traffic that the Harrison Act would save the situation. This act went into effect March 1. It surrounds the importer, manufacturer, wholesale and retail druggists with ample restrictions but it exempts the practising physician. Why? It has been shown repeatedly that the physician is the greatest single factor in drug addict formation,—worse than the patent medicine man, worse than the criminal druggist, worse than dissipation and vice! The Harrison Act; Subdivision A, Section 2, permits the “dispensing or distribution of any of the aforesaid drugs to a patient by a physician, dentist or veterinary surgeon registered under this act in the course of his professional practice”; right here the act fails. Up to the present writing no official interpretation of “in the course of his professional practice only” has been forthcoming from the Department of Internal Revenue. It has been hinted from official quarters that the act has reposed a great trust in the physicians of this country. Meanwhile the prescribing of these drugs to addicts goes merrily on all over the United States!

Not until prescribing by physicians is limited to the treatment of disease or the cure of habit; until free treatment is provided for indigent users and until no “trust” is imposed in any group of men, except those sworn to enforce the law, will prohibitive legislation put an end to the present shameful conditions.

It would appear that the utmost to be hoped from the Harrison Act, in its present mutilated state, is an accumulation of data relating to the extent of drug addictions in this country that may shock the nation into demanding of Congress suitable legislation.

Why Congress should have introduced these weak and indefinite clauses into this important measure and then dumped it on the Department of Internal Revenue to interpret and enforce is not evident to those interested in this momentous question. It can possibly be explained in part by patent medicine money, in part by manufacturers and wholesalers, possibly in part by some misguided members of the medical profession both in and out of Congress. However explained the fact remains that the Harrison Act, as finally enacted, shows every evidence of attempting to evade a proper recognition of the factors underlying this national problem.

C. E. TERRY.